pacemakers, implantable cardioverter-defibrillators and mechanical ventilators are intended to be life-saving devices and proper functionality is of paramount importance. However, concern exists regarding the potential electromagnetic interaction between wireless technology and these devices. Our aim is to estimate the nature and relevance of electromagnetic interferences. **METHODS:** Systematic review of literature up to April 2009. Data sources: ISI Web of Science, Medline and Sumsearch. Study selection: published studies that included testing of wireless technology for electromagnetic interferences on critical care medical devices. **RESULTS:** Nine studies (published from 1995 to 2008) were eligible. These studies included 7889 tests in 1240 patients. Much of the research identified was of poor quality. As there was considerable heterogeneity in the equipment studied and the testing procedures, we considered it inappropriate to pool the data for meta-analysis. Critical care devices are vulnerable to electromagnetic interferences although most clinically relevant interferences occurred when wireless technology was used within 30 cm-1 meter of medical equipment. **CONCLUSIONS:** There is an urgent need for testing standardisation as well as for unambiguous classification of clinically relevant electromagnetic interferences. Additionally, there is an urgent need for studies of good methodological quality to inform the development of sound evidence-based policies. This study has been supported by the Spanish National I+D Program (grant number STPY 1456/07).

PHP75

SCANNING THE HORIZON FOR NEW AND EMERGING OMIC TECHNOLOGIES

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OBJECTIVES: To analyse the processes used in the adoption of new and emerging omic or genetic technologies in the Health Systems. **METHODS:** We have conducted literature searches and have direct contact with industries producing omic technologies of our networks of experts GENTECS and SORTEK for sharing information. Furthermore, we have checked various guidelines and strategies defined to regulate the introduction of such technologies in health systems established by members of EuroScan or other agencies. **RESULTS:** Many omic technologies have been "on the horizon" and have shown promising results at the experimental level so are of interest to horizon scanners. But in many cases, those promising results haven't then developed into real products to be applied in the health care sector. Many factors have contributed to this failure to cross the barrier, the paradigm in the system diagnosis-pathology, the lack of treatment or management options and the promising sector of individualized medicine or pharmacogenetics. Different actions and initiatives established by some HTA agencies in terms of developing guidelines and rationales that could help producers and systems in the adoption of these kinds of technologies have been studied and compared. We have found some guidelines and projects that could help in the adoption of omic technologies as the GEN guideline, the National Task Force on Genomics of the European Union, and some others, and we have identify some omic technologies for the diagnosis and prognosis of different genetically complex diseases. **CONCLUSIONS:** New and emerging omic technologies have opened new possibilities to more accurate diagnosis and treatments; moreover they have provided invaluable information that could guide preventative actions on health. However, we should consider the ethical and social consequences that could be caused by implementing preventative actions based on susceptibilities and not on certainties.

PHP76

DESIGN AND TESTING OF AN INDICATOR (FINANCIAL BIAS INDICATOR (FBI)) THAT ESTIMATES THE INFLUENCE OF FUNDING IN THE RESULTS (FINANCING BIAS (FB)) OF ECONOMIC EVALUATIONS OF HEALTH TECHNOLOGIES (EEHT)

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OBJECTIVES: To propose and test an indicator (FBI) to determine the frequency of FB in the studies of EEHTs. **METHODS:** Using an interdisciplinary panel we propose an FB indicator (FBI) on a group of EEHT. The FBI is the probability that the results of a randomly selected paper afford economic benefits to its funder. The FBI can't be used to judge individual papers, but instead allows a comparison of FB among different sets of studies (Journals, by periods, by countries, etc). In calculating FBI the numerator is the sum of the studies that favor the funder and those omitting their source of funding; the denominator is the total papers. The test was conducted on the 2008 European EEHTs indexed in PubMed. **RESULTS:** We designed the FBI to estimate FB at EEHTs. We identified 88 potential EEHTs, of which 56 abstracts met the inclusion criteria, 52 of these were full papers thus submitted to analysis. Testing found: 73.07% of the papers stated the source of funding and of these, 76.31% were funded by health technologies companies, 96.55% of these papers reported results benefiting the funding company. The FBI for Europe in 2008 was 80.76%. FB decreased between the first and second half of 2008, from 81.25% to 72.22%. **CONCLUSIONS:** We've presented an indicator that estimates FB probability in EEHTs. The FBI is applicable to sets of papers, it determines their FB and facilitates research control. Its systematic measurement can generate incentives to decrease FB. In order to facilitate FBI measurement it is convenient for authors to include within the abstracts: source of funding, whether the funder commercially exploits one of the comparators, whether any of the authors work for a company profiting from one of the comparators, and whether the results of the study favor the funder or the employer.

PHP77

NEW DRUGS EVALUATION IN SPAIN: THE JOINT COMMITTEE OF NEW DRUGS EVALUATION EXPERIENCE

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OBJECTIVES: To evaluate the activity of the Joint Committee for New Drugs Evaluation (JCNDE) in Spain. Analyze the drugs evaluated since the JCNDE was founded, their scores and their potential correlation with the American CDER-FDA scores. Analyze the timings between the new drugs commercialization and its evaluation publication by the JCNDE members. **METHODS:** The JCNDE Standard Operation Procedures were web-based obtained. The drugs evaluations were collected gathering information from different publications and from the Regional Drug evaluating centres involved, covering the drugs evaluated for four whole years (2004–2007). Commercialization date in Spain were obtained from IMS database. **RESULTS:** Most of the 60 drugs evaluated had a high prescription potential in the Primary Care (PC) setting and were reimbursed by the Spanish National Health System. The decision algorithm has 4 key criteria to evaluate the new drugs: efficacy, safety, convenience and costs. The drugs were scored ranging from 0 (insufficient experience with the drug) to 4 (relevant therapeutic improvement). 89% of the drugs evaluated had 0–1 scores, and none of the drugs evaluated reached the maximum score. The median time of drug evaluation publication was 7 months since product launch (ranging from −7 to +51 months). Andalusia and the Basque Country have been the most active and fastest Regions to publish the JCNDE evaluations. **CONCLUSIONS:** The JCNDE is a valuable instrument to increase efficiency in new drugs evaluations in the PC setting. Most of the evaluations are negative and these evaluations may be the payer argument to establish drug cost containment strategies, based on the low differential efficacy of the new drugs. Although drug costs are one of the criteria to evaluate the drugs, in fact, health economics arguments are not relevant for the JCNDE.

PHP78

THE ROLE OF HTA AGENCY IN DRUG REIMBURSEMENT DECISION-MAKING PROCESS IN POLAND (HTA IMPACT)

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OBJECTIVES: The objective of this study was to assess to what extent HTA outcomes have been incorporated in drug reimbursement decision-making process in Poland. **METHODS:** To assess HTA impact, following research questions were investigated: 1) How many different health problems currently prioritized by policy-makers have received HTA Agency's attention? and 2) How many different drug technologies with HTA recommendations have been included on the current reimbursement lists? In total, 83 HTA recommendations disseminated by the Appraisal Body of HTA Agency in Poland concerning drug technologies in the period from September 6, 2007 until February 2, 2009 were studied. The most recent reimbursement lists issued 23 February 2009 by Ministry of Health and 7 July 2008 by National Health Fund were utilized. The list of prioritised health problems issued 23 February 2009 by Ministry of Health was studied as well. HTA recommendations were divided into positive and negative guidance. Drug technologies, appraised by HTA Agency, were classified into two groups: 1) eligible (a drug technology indicated for a prioritized health problem), and 2) not eligible (a drug technology not indicated for a prioritized health problem). **RESULTS:** As many as 59% and 54% of different indications were prioritized by Ministry of Health without any input from HTA process. In total, 40 negative and 43 positive HTA recommendations were issued. Only 18 of 43 (42%) drug technologies with a positive guidance were included on the reimbursement lists. At the same time as many as 6 of 40 (15%) of medicines with negative HTA recommendation were listed. In total, HTA Agency appraised 58 eligible and 25 non-eligible drug technologies. There were 32 positive HTA recommendations in the first group, of which 18 (56%) were included on the reimbursement lists. **CONCLUSIONS:** The HTA impact on drug reimbursement decisions in Poland is partially achieved and could be further enhanced.

PHP79

A REVIEW OF THE USE OF PROS IN SUBMISSIONS TO NICE

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OBJECTIVES: To review the use of Patient Reported Outcomes (PROs) in HTA submissions to date, with respect to the types of findings based on PROs, and the quality of the evaluations of the PRO-based evidence. **METHODS:** A review of the NICE website with respect to HTA appraisals that incorporated a PRO as part of the evidence base. Focus was on appraisals that departed from the 2007 reference case, and the use of the EQ-5D. **RESULTS:** At the time of review, 142 appraisals had been published, with 59 in progress. In particular, two case studies were identified, somatropin in growth hormone deficiency and Alzheimer's disease. In GH deficiency, QOL was the primary outcome of interest and 23 scales were evaluated across 17 RCTs. In spite of pooling and use of generic instruments, there was insufficient evidence to conclude that somatropin had an effect on quality of life (QOL). In observational study, EQ-5D results were 40% higher than disease-specific QOL-AGHDA; committee recommended use of QOL-AGHDA, and treatment guidelines that recommended treatment for fewer patients than currently being treated. In Alzheimer's, multiple scales used, but treatment benefits on QOL less clear (with donepezil for example, one study showed benefit, one was neutral, one showed worsening). **CONCLUSIONS:** PRO information has been incorporated in HTA appraisals, but there are significant limitations on the quality of evidence using PROs, due to study design (small sample size primarily), and lack of evidence for mapping value based on PROs.